Surgical Pearls for Happier Patients

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Disclosures: None
Objectives:

#1 Understand how to provide local anesthesia with minimal patient discomfort

#2 Learn easily applied practices to make surgical wounds look better immediately

#3 Determine when referral to another provider would be appropriate
Local Anesthesia
Minimizing the Pain of Local Anesthesia Injection

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**Background:** Local anesthetic injection is often cited in literature as the most painful part of minor procedures. It is also very possible for all doctors to get better at giving local anesthesia with less pain for patients. The purpose of this article is to illustrate and simplify how to inject local anesthesia in an almost pain-free manner.

**Methods:** The information was obtained from reviewing the best evidence, from an extensive review of the literature (from 1950 to August of 2012) and from the experience gained by asking over 500 patients to score injectors by reporting the number of times they felt pain during the injection process.

**Results:** The results are summarized in a logical stepwise pattern mimicking the procedural steps of an anesthetic injection—beginning with solution selection and preparation, followed by equipment choices, patient education, topical site preparation, and finally procedural techniques.

**Conclusions:** There are now excellent techniques for minimizing anesthetic injection pain, with supporting evidence varying from anecdotal to systematic reviews. Medical students and residents can easily learn techniques that reliably limit the pain of local anesthetic injection to the minimal discomfort of only the first fine needlestick. By combining many of these conclusions and techniques offered in the literature, tumescent local anesthetic can be administered to a substantial area such as a hand and forearm for tendon transfers or a face for rhytidectomy, with the patient feeling just the initial poke.  

Local Anesthesia – 3 parts

1. Prep
2. Poke
3. Burn
Part 1: Prep
Part 1: Prep

Avoid "scary" words

- No "Stick and Burn"
- "You are going to feel a little poke"

Instead:
"We are going to give you the medicine now."
"Ready, 1,2,3"
Or just talk about something else
Part 2: The Poke

Use a SMALL needle (27-30g)
Part 2: The Poke

Use Distraction
- Pinch
- Vibration
- Stretching
- Touch
- Pressure

Could use Topical anesthetic 1st
EMLA (2.5% lidocaine and 2.5% prilocaine)

Part 2: The Poke

- Vertical Insertion of the needle
- Stabilize the needle

Part 2: The Poke

More pokes go where it is already numb!

Part 3: The Burn

- Inject SLOWLY
- Start with subdermal bleb and PAUSE
- Then inject more with needle tip 1 cm behind wheal

Part 3: The Burn

- Buffer Lidocaine
- Lidocaine has pH of 4.2
- 1:9 ratio of 8.4% sodium bicarb raises to ~7.4
- Some papers have suggested as high as 1:3 ratio
- Warm the lidocaine (less pain and faster onset)
Local Anesthesia

Get feedback
Let's make things Look GOOD
Tension and Eversion are **CRITICAL**
Scar Spreading
Cut straight up and down.
Cut straight up and down
Undermining
Undermining
Undermining

Robinson et. Al., Surgery of the Skin, 3rd Ed. Ch 13, p 209; 2015
Undermining
Plication Sutures

Kantor, J, Game-changing Suturing Techniques, *Practical Dermatology*. June 2018, pp 51-52

Robinson et al., *Surgery of the Skin*, 3rd Ed. Ch 13, p 205; 2015
Deep Sutures
1 week follow up
Deep Sutures

Robinson et. Al., Surgery of the Skin, 3rd Ed. Ch 13, p 209; 2015
Deep Sutures
Deep Sutures

Polyglactin 910 or Polydioxanone
Top Sutures

Smallest Caliber that will do what you need
• 5-0 and smaller shouldn’t make track marks

If deeps are good, try to take them out sooner. If not, track marks are better than a wide scar!

Keep them ALMOST loose (skin will swell)
Top Sutures
Smush skin or flex muscle in the area.
When handling tissue...
Putting it all together...
3 month follow up
1 month follow up
6 week follow up
2 month follow up
6 month follow up
6 month follow up
3 month follow up
5 week follow up
So when should you involve someone like me?

It depends on:
1. Your comfort level
2. Location
3. Size of tumor
4. Type of tumor
Mohs Micrographic Surgery

- For skin cancers that spread contiguously
- Higher Cure rate than excision
- Complete margin control of a tumor
- Lower risk procedure
- Cost effective
- Do NOT have to stop blood thinners
Not appropriate for Mohs

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Thank you
(and remember to wear your sunscreen)